



OHIO  
UNIVERSITY

The Gladys W. and David H.  
Patton College of Education

### The OHIO Center for Clinical Practice in Education

#### SCHOOL DISTRICT'S FEE WAIVER FORM

APPLICATION FOR USE OF DISCOUNTED GRADUATE FEE WAIVER

*Return FULLY completed form by email to: Dawn Mooney at mooneyd@ohio.edu*

By using this graduate fee waiver you agree to pay 50% of the amount of the waiver (includes the instructional and general fee) given to you by your school district. You must be admitted to Ohio University as a graduate student and registered for Patton College courses to receive a **graduate fee waiver**. Failing to officially register for the course(s) you request will cancel your graduate fee waiver. **NOTE:** Fee waivers can ONLY be used for graduate courses.

Name of Applicant: \_\_\_\_\_ PID # \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

REQUIRED:

**NUMBER OF GRADUATE FEE WAIVERS APPROVED BY SUPERINTENDENT:** \_\_\_\_\_

Semester/Year (i.e. Fall Semester 2022-23): \_\_\_\_\_ Campus: \_\_\_\_\_

Credits/Units: \_\_\_\_\_ Course Sub/Catalog #(i.e.-EDTE 2200): \_\_\_\_\_ Class #(i.e.-2576): \_\_\_\_\_ Section: \_\_\_\_\_

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Teacher Graduate Program & Code (i.e. "Reading Education ME6841): \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
DATE

**\*Superintendent, please make sure the number of graduate fee waiver(s) approved is stated above.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

***Do not complete this section; this section will be completed by the Patton College of Education***

\_\_\_\_\_ hours of graduate instructional fees totaling \$ \_\_\_\_\_ charged to 10-100000-130735-0000-10

\_\_\_\_\_ hours of graduate general fees totaling \$ \_\_\_\_\_ charged to 10-100000-130735-0000-10